MEETING MINUTES

Project Name: IPRS Doc. Version No: 1.0 Status: Final

Meeting Name: IPRS Core Team Meeting
Facilitator: Travis Nobles, DMH

 Scribe:
 Amy Newman

 Date:
 07/11/2007

Time: 10:30 – 11:30 a.m.

Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

Rick Kretschmer Others: Sarah Harris Tim Sullivan Cheryl McQueen Jamie Herubin Х Eric Johnson Sandy Flores Х Gary Imes Mike Frost Х Joyce Sims Х Myran Harris Rick DeBell Chris Ferrell Thelma Hayter Deborah LeBlanc Cathy Bennett Amy Newman Travis Nobles Х

Attendees:

Alamance-Caswell

X Albemarle

X Catawba

× Centerpoint

× Crossroads

X Cumberland

X Durham

X Eastpointe

X ECBH

Five - County MHA

× Foothills

X Guilford

X Johnston

X Mecklenburg

X Onslow-Carteret

× OPC

X Pathways

× Sandhills Center

X SE Center

X SE Regional

X Smoky Mountain

X The Beacon Center

X Wake

Western Highlands

Attendees:

Item No. Topics

- 1. Roll call
- Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
- 3. Upcoming Checkwrites (cut-off dates) July 12, 19, August 2.
- 4. Agenda items
 - Beta Test (NPI) Requirements Review
 - 100 records/LME/submission; Format test; full cycle run, 835
 - Update scheduled termination: TBD
 - IPRS Questions or Concerns
 - MMIS Updates Tim Sullivan & Chris Ferrell
- 6. DMH and/or EDS concluding remarks
 - a. For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
 - Physician phone analyst (i.e. Independent Mental Health Providers)-4706
 - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) 4707
- 7. Roll Call Updates

Next Meeting: July 18, 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc. Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355 , M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	<u>Upcoming Check-writes</u> (cut-off dates) July 12, 19, August 2.
4.	Agenda items
	Previous Checkwrite Good morning, as you know we had a Checkwrite last week on July 5 th right after our July 4 th holiday and another coming up on July 12 th . Any questions concerning last week's Checkwrite? None.
	CPT Fee Schedules A few items on the agenda for this week. Cheryl and Thelma had requested these. This was the CPT Fee schedule for the July 7 th Medicaid bulletin, just as an FYI it should be getting posted on the 11 th (today) or up by Monday. So if you're looking for the new fee schedule, it is not posted yet but it should be by the end of this week. Also we have some new updates out there to the IPRS website which Cheryl wanted to go over.
	Eligibility Matrix and other updates Cheryl (DMH): The Eligibility Matrix has been updated but there were some issues with the way it was working, so if you use the Eligibility Matrix please go to the website and get a new one. It should have a date of July 10 th , there was one of July 6 th but I updated it again yesterday. If the July 10 th version is not out there as of right now it should be out there by the end of the day. The other update was to the concurrency chart, we have changed the concurrency to allow a client to be in AMSRE and ASTER and that's it. Are there any questions about either of these?
	 Q: Tom (Western Highlands) – I just went to that website and when you click on the eligibility it takes you to the DHHS website. A: Cheryl (DMH): Ok, I am guessing the web team did not get it quite right. We will check on that and have them fix that. Thanks Tom.
	Beta Test (NPI) Requirements Review NPI Beta testing, again not sure when this is going to happen or when NPI is going to go into effect officially but, if you have not submitted please start submitting. We are starting to ramp up here so please, please test.
	We will open the floor for IPRS questions.
	PRS/ Medicaid Questions & Concerns: Q: Tom (Western Highlands) – I missed the previous CoreTeam in which there was discussion about the September 20 th endorsement deadline and how that will effect claims adjudication and in looking over the last minutes apparently there is this IPVR0221 Report that DMA will report Providers whose endorsement is suspended or possibly terminated. In looking at the report there are various codes, are there only certain codes that would relate to endorsement or does this report show all Providers whose claim adjudication is suspended? A: Cheryl (DMH): That report shows any Provider (in Medicaid or in IPRS) for whom

Medicaid has assigned an action reason code, which could be related to endorsement or it could just be related to if the Provider has had their license revoked for some reason. That report has actually been around since the beginning of IPRS and we created it so that if the Provider had action taken against him by Medicaid that the LME could determine if they wanted to take that same action. So if there was a Group Home who had their license revoked and therefore Medicaid wasn't going to pay them anymore, that the LME could verify that and determine if they wanted to take that same action. So in the case of an endorsed Provider, again Medicaid is assigning the action reason code to them if their endorsement has been suspended, and that report is just notification of that so that you can take that same action.

Q: Tom (Western Highlands): Will IPRS use this system to adjudicate claims? **A:** Cheryl (DMH): IPRS will only use it if it is assigned to the Provider in IPRS, so just because it shows up on that report that Medicaid has suspended them doesn't mean that IPRS is going to suspend them. We do have a CSR in the works, where we are going to (for the endorsed Provider's only) - if their endorsement is revoked - we will copy that over from Medicaid. But that is only for the endorsed Providers. In the meantime what we were doing was referring you to that report for the Providers who have their endorsement revoked now, so that you could go ahead and suspend them, until we get the automated process in place.

Q: Tom: We had the same thought of using that report to suspend claim adjudication, but weren't certain on what all those codes meant, whether it relates to endorsement or not. So is there a variety of different codes that suspend endorsement on that report? **A:** Cheryl: They were using one code specifically for the endorsement suspension and I believe it was a code 20, but will check on that so that we can give you the actual code.

Q: Tom: Does that report include a date range? Does it have an effective and a last date?

A: Cheryl: An action reason code does have a date range, not sure if it's on that report or not, it should be, but will have to get back to you on that.

Q: Tom: Is it possible that if a Provider's endorsement is suspended that it can be restored? So that if the effective date were say September 20th and in October it was determined that they won an appeal, is it possible that the September 20th date could be listed or revised?

A: Cheryl: Yes, that's why they are doing it with action reason codes, rather than just end dating the Provider, because it could be that if the Provider was suspended (let's say at the beginning of September) so they put the action reason code on as of September 1, but then the Provider does their paper work (or whatever was the reason for the suspension) if they correct that problem then their endorsement can be reinstated. But that would not reinstate them until say, the beginning of October; we still don't want the claims to pay for the time period in which they did not have the endorsement. So the end date on the action reason code would be 09/30, therefore from 09/01 to 09/30 no claims would be able to be paid as they had no endorsement during that time period. But starting 10/01 their claims would be able to pay because that action code would have been end dated.

Q: Tom: Am looking at the report now and don't see an effective and/or last date.

A: Cheryl: OK. We will take a look at that to see if that is something we need to add.

Q: Jeanna (Catawba): In that same topic area, how quickly does DMA move to adjust those action codes? Is this a high priority or could it be that it may take a couple of weeks for one to be added and then when the issue is resolved, a couple more weeks for it to be undone? Or lapsed?

A: Chris Ferrell: It's usually a quick process. They can do it in less than a week as long as they have the correct information to take care of the resolution. If they don't have all the information then it could become lengthy, so if all of you provide them with everything that they are looking for then it should be a quick process.

Q: Beth (Pathways): One question on the allocation changes for this year and how they are going to go back and look on those a little later in the year, we are already getting Insufficient Budget denials, if they do increase the allocation we need to know how that is going to work. Are we going to have to go back and reprocess those Insufficient Budget denials or are you going to pull those?

A: Cheryl: If throughout the year your budget ever changes, whether more money is found or you just realign money, any budget denials would have to be resubmitted by you.

A: Beth: Thank you.

Q: Duluth (Johnston): What was the number on that report that you were talking about?

A: Cheryl: It was IPVR0221

A: Thank you.

Q: Travis: Any other questions? OK, before we get to the Medicaid questions, DMA does have a quick update to the 1649 denials.

1649 Denials

Chris Ferrell: If you have any of the 1649 denials make sure you have resubmitted those that denied for the recipient needing to be CAP MR/DD, because so far we have seen them to be processing thru now, but make sure you send the proper documentation for time limit when you send those that are over 1 year from the Date of Service. If you are sending those to us, we are after the July 1st date of processing, that means that the claims that were on the 1500 claim form need to be on the new 1500 claim form, not the old form or we are going to be denying those with and EOB code saying they need to be refilled on the new claim form. You must be filing on the new claim form and not using the old claim form. Any questions?

Q: Beth (Pathways): Re the 1649, we have called a couple times about that and are now getting a 286 denial and what we are finding is that it is paying; that is it will pay for the service after the month of age change. Meaning it will not pay for the service on the 3^{rd} if the birthday is on the 2^{nd} of that month but it will pay the 1^{st} of the following month.

A: Chris: Send that example to Q&A and then he will recheck on that memo.

Q: Beth: We had sent some examples to Kendra already.

A: Chris: OK, I will check with her.

DMH and/or EDS Concluding Remarks:

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Roll Call Updates